



MARYLAND HEALTH CARE COMMISSION

4160 PATTERSON AVENUE – BALTIMORE, MARYLAND 21215
TELEPHONE: 410-764-3460 FAX: 410-358-1236

October 12, 2018

E-mail and USPS Mail

JoAnn Saxby
Bayada Home Health Care, Inc.
8600 LaSalle Road, Suite 335
Towson, Maryland 21286

**Re: CON Application to Expand a Home Health Agency in Upper Eastern Shore
Matter # 18-R1-2425**

Dear Ms. Saxby,

Commission staff has reviewed the above referenced application for Certificate of Need (“CON”) approval to expand a home health agency into jurisdictions of the Upper Eastern Shore Region that Bayada Home Health Care, Inc. (“Bayada Home Health”) is not currently authorized. Staff found the application incomplete, and accordingly, requests that you provide responses to the following questions:

Part II: Consistency with Review Criteria at COMAR 10.24.01.08G(3)

Populations and Services

1. Please describe services that you intend to provide that are outside of standard Home Health Services, including Wound Ostomy Consultation, Medication Management, Pain Management, and Infusion Therapies.

Financial Accessibility

2. Please cite the sources for the chart on page 11 of your CON application.

Charity Care and Sliding Fee Scale

3. Please cite the sources for Chart 1 within your CON application.
4. Please cite the sources for Chart 2 within your CON application.
5. Please describe how the notices and policies will be disseminated to your service area. Make sure that your charity care and reduced fee policies are consistent with your notices and all forms, applications, and requests for documentation.
6. Your charity care track record (<0.01%) does not indicate that it will be able to meet the jurisdiction average, as you have projected. If you are granted a CON, compliance with the jurisdictional average of 0.80% will be required as a condition of your CON. What plans do you have for seeking out patients that could benefit from charity care?

Financial Feasibility

7. Your total client visits projections for FYs 2019-2021 are unusually high for this jurisdiction. The total number of client visits for 2014 was 30,808. How do they justify such high volume projections?
8. Please provide a statement containing the assumptions used to develop projections for your operating revenues and costs.
9. Please provide an explanation for basis of your financial projections in Table 3 and 4. A HHA's Projected Revenue should be based on its experience in providing HHA services to other jurisdictions it serves.
10. According to Table 5, you currently have 216.79 employees and you project that you will increase your FTEs by 43.25 to a total of 260.04 FTEs. When will these FTE increases take place? Please provide a statement that discusses the factors used to project these FTE increases and that justifies the number of FTEs you have decided to add.

Staffing

11. Please explain from where you intend to recruit your projected new FTEs?

Financial Solvency

12. As requested in the guidance provided at the pre-application conference, please describe your ability to meet this requirement by showing the agency's ability to sustain operating expenses prior to being able to bill Medicare while awaiting Medicare certification. (Is this for New HHAs only?)

Data Collection and Submission

13. As requested in the guidance provided at the pre-application conference, please demonstrate your understanding of budgetary commitment required to comply with these federal and state data collection and reporting requirements by discussing their cost to your operation.

Proven Track Record in Serving all Payor Types, the Indigent and Low Income Persons.

14. In Attachment H, which payor type on your "Visits by Payer Type" charts accounts for charity care patients?

Proven Track Record in Providing a Comprehensive Array of Services.

15. Are there any specialized programs that you have offered in the past or are planning to offer if you are authorized to operate as a Home Health Agency in this region?

Need

16. As requested in the Criterion, please discuss Cecil County's projected home health services utilization.

Availability of More Cost-Effective Alternatives

17. As you did not completely answer all parts of the standard, please:
- a) Provide a clear statement of this project's objectives;
 - b) Describe alternative approaches to meeting these objectives;
 - c) Estimate the cost of each alternative;
 - d) Evaluate the effectiveness of each alternative.

Viability of the Proposal

18. Please discuss the probable impact of the project on the cost for services provided by other home health agencies in the area. In your response, you referred to the impact on charges only.
19. What is your current percentage of unfilled staff positions?

Impact on Existing Providers

20. Please provide source(s) and discuss logic used to make the prediction that there will be no impact to the health care delivery system.
21. As you are an existing provider, please submit a summary description of the impact of the proposed project on the applicant's costs and charges, consistent with the information provided in the Project Budget, the projections of revenues and expenses, and the work force information.

Please submit four copies of the responses to the additional information requested in this letter within ten working days of receipt. (Note: extensions are routinely available upon request). Also submit the response electronically, in both Word and PDF format, to Ruby Potter (ruby.potter@maryland.gov).

All information supplementing the application must be signed by a person(s) available for cross-examination on the facts set forth in the supplementary information, and who shall sign a statement as follows: "I hereby declare and affirm under the penalties of perjury that the facts stated in this application and its attachments are true and correct to the best of my knowledge, information, and belief."

Should you have any questions regarding this matter, feel free to contact me at (410) 764-5596.

Sincerely,



Laura Hare
Health Policy Analyst

cc: Jennifer Joana, Bayada Home Health Care
Kevin McDonald, Chief of Certificate of Need
Scott T. LeRoy, Caroline County Health Officer
Leland Spencer, M.D., Kent County Health Officer
Joseph Ciotola, M.D., Queen Anne's County Health Officer
Linda Cole, Chief of Long Term Care Planning
Cathy Weiss, Long Term Care Planning